

County: Waukesha  
WOODLAND HEALTHCARE CENTER  
18740 WEST BLUEMOUND ROAD

Facility ID: 9570

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BROOKFIELD 53045 Phone: (262) 782-0230  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 224  
Total Licensed Bed Capacity (12/31/02): 225  
Number of Residents on 12/31/02: 209

Ownership: Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 210

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.1
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		42.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.5	Under 65	4.3	More Than 4 Years		16.7
Day Services	No	Mental Illness (Org./Psy)	17.2	65 - 74	8.6			-----
Respite Care	Yes	Mental Illness (Other)	12.4	75 - 84	37.8			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.5	85 - 94	42.6	*****		
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.3		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	19.1	65 & Over	95.7	-----		
Transportation	No	Cerebrovascular	10.5		-----	RNs		7.0
Referral Service	No	Diabetes	7.2	Sex	%	LPNs		7.4
Other Services	No	Respiratory	5.7	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.6	Male	23.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	77.0	41.6		
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	3	2.0	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	3	1.4
Skilled Care	35	100.0	225	132	89.8	121	0	0.0	0	25	100.0	170	0	0.0	0	2	100.0	245	194	92.8		
Intermediate	---	---	---	12	8.2	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	5.7		
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Total	35	100.0		147	100.0		0	0.0		25	100.0		0	0.0		2	100.0		209	100.0		

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
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Percent Admissions from:		Activities of		% Needing Assistance of		% Totally		Total	
Private Home/No Home Health	5.2	Daily Living (ADL)	% Independent	One Or Two Staff		Dependent		Number of Residents	
Private Home/With Home Health	0.5	Bathing	9.6	61.7		28.7		209	
Other Nursing Homes	1.5	Dressing	14.8	53.6		31.6		209	
Acute Care Hospitals	88.1	Transferring	30.6	43.1		26.3		209	
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	30.6	42.1		27.3		209	
Rehabilitation Hospitals	1.0	Eating	78.9	12.0		9.1		209	
Other Locations	3.7	*****							
Total Number of Admissions	403	Continence		% Special Treatments				%	
Percent Discharges To:		Indwelling Or External Catheter	5.7	Receiving Respiratory Care				11.5	
Private Home/No Home Health	13.9	Occ/Freq. Incontinent of Bladder	31.1	Receiving Tracheostomy Care				0.0	
Private Home/With Home Health	14.7	Occ/Freq. Incontinent of Bowel	34.4	Receiving Suctioning				0.0	
Other Nursing Homes	3.0			Receiving Ostomy Care				2.4	
Acute Care Hospitals	39.8	Mobility		Receiving Tube Feeding				2.4	
Psych. Hosp.-MR/DD Facilities	0.2	Physically Restrained	2.4	Receiving Mechanically Altered Diets				34.9	
Rehabilitation Hospitals	0.0								
Other Locations	5.2	Skin Care		Other Resident Characteristics					
Deaths	23.1	With Pressure Sores	5.3	Have Advance Directives				76.6	
Total Number of Discharges		With Rashes	1.9	Medications					
(Including Deaths)	402			Receiving Psychoactive Drugs				40.2	

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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		This Facility	Ownership: Proprietary		Bed Size: 200+		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		93.3	81.9	1.14	80.4	1.16	84.2	1.11	85.1 1.10
Current Residents from In-County		53.6	83.1	0.65	83.5	0.64	85.3	0.63	76.6 0.70
Admissions from In-County, Still Residing		13.6	18.8	0.73	25.1	0.54	21.0	0.65	20.3 0.67
Admissions/Average Daily Census		191.9	182.0	1.05	101.8	1.89	153.9	1.25	133.4 1.44
Discharges/Average Daily Census		191.4	180.8	1.06	107.7	1.78	156.0	1.23	135.3 1.41
Discharges To Private Residence/Average Daily Census		54.8	69.3	0.79	34.2	1.60	56.3	0.97	56.6 0.97
Residents Receiving Skilled Care		94.3	93.0	1.01	89.6	1.05	91.6	1.03	86.3 1.09
Residents Aged 65 and Older		95.7	87.1	1.10	90.9	1.05	91.5	1.05	87.7 1.09
Title 19 (Medicaid) Funded Residents		70.3	66.2	1.06	68.5	1.03	60.8	1.16	67.5 1.04
Private Pay Funded Residents		12.0	13.9	0.86	18.7	0.64	23.4	0.51	21.0 0.57
Developmentally Disabled Residents		0.5	1.0	0.50	0.7	0.70	0.8	0.60	7.1 0.07
Mentally Ill Residents		29.7	30.2	0.98	38.5	0.77	32.8	0.90	33.3 0.89
General Medical Service Residents		19.6	23.4	0.84	16.9	1.16	23.3	0.84	20.5 0.96
Impaired ADL (Mean)		45.9	51.7	0.89	52.1	0.88	51.0	0.90	49.3 0.93
Psychological Problems		40.2	52.9	0.76	54.1	0.74	53.9	0.75	54.0 0.74
Nursing Care Required (Mean)		7.3	7.2	1.01	7.7	0.94	7.2	1.01	7.2 1.01